

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.F. CLASSIFIER | | 46 | 6/21/01 |
| FORMALITY REVIEW | CA | 135 | 6/29 |
| RESPONSE FORMALITY REVIEW | FZ | 852 | 01/16/02 |
| | FP | 1127 | 04/18/02 |
| | | 852 | 05-15-02 |

CL

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Date |
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| Final | |
| Original | |
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| Claim | Date |
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| Original | |
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| Claim | Date |
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| Final | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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805
3/1/02